UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: March 15, 2009

Estimated average burden hours per response. 4.00

MAR 27 2009

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Common Stock | IHOWSON REUTERS |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4 Type of Filing: New Filing Amendment | ULOE |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Knowledge Mosaic Inc. | 09036152 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 3450 16th Ave. W., Ste. 301, Seattle, WA 98119 | Telephone Number (Including Area Code) (206) 525-8395 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business Internet publishing (subscription websites, news services, da | ta feeds) Wall Processing |
| business trust limited partnership, to be formed | ase specify): MAR 12 2009 |
| Month Year Actual or Estimated Date of Incorporation or Organization: 112 010 X Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | washington, DC 100 |
| GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using F comply with all the requirements of § 230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exception under Regulat seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offer Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the | 2. 239.500T) or an amendment to such a digital and issuer also may file in paper format an form D (17 CFR 239.500) and otherwise tion D or Section 4(6), 17 CFR 230.501 et ering. A notice is deemed filed with the U.S. |
| address after the date on which it is due, on the date it was mailed by United States registered or certi Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 2054 Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be ma must be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only run any changes thereto, the information requested in Part C, and any material changes from the informa Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. | 49. nually signed. The copy not manually signed eport the name of the issuer and offering, |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate reach state where sales are to be, or have been made. If a state requires the payment of a fee as a prefee in the proper amount shall accompany this form. This notice shall be filed in the appropriate state Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION | notice with the Securities Administrator in econdition to the claim for the exemption, a |
| Failure to file notice in the appropriate states will not result in a loss of the federal exer appropriate federal notice will not result in a loss of an available state exemption unless filing of a federal notice. | |

SEC 1972 (9-08)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

| A. BASIC IDENTIFICATION DATA | | |
|---|-------------------|---|
| 2. Enter the information requested for the following: | | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition o | f, 10% or more of | a class of equity securities of the issuer. |
| Each executive officer and director of corporate issuers and of corporate general and management | iging partners of | partnership issuers; and |
| Each general and managing partner of partnership issuers. | | |
| Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer | M Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Schwartz, Peter | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3450 16th Ave. W., Ste. 301, Seattle, WA 98119 | | |
| Check Box(es) that Apply: Promoter A Beneficial Owner Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Norville, Elizabeth | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3450 16th Ave. W., Ste. 301, Seattle, WA 98119 | | |
| Check Box(es) that Apply: Promoter M Beneficial Owner Executive Officer | M Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Roberts, Thomas H. III | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3450 16th Ave. W., Ste. 301, Seattle, WA 98119 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | X Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Norville, Oliver | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3450 16th Ave. W., Ste. 301, Seattle, WA 98119 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) Hiller, Henryk | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3450 16th Ave. W., Ste. 301, Seattle, WA 98119 | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| (Use blank sheet, or copy and use additional copies of this | sheet, as necessa | ary) |

| L | | | f Shake | | B. I | NFORMAT | ION ABOU | T OFFER | ING | | | | | |
|---|--|-------------|---------------|-------------|--------------|----------------|---|---------------------------------------|---|---|---------|--------------|----------|--|
| | | | 444 | · · | _44 | 11 4 | | - | 41-1 00 | 0 | | Yes | No | |
| 1. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | ••••• | X | | | | | | |
| 2 | W/h - 4 !- | 41 | | | | | | • | | | | 5,000 | | |
| 2. | wnat is | tne minim | ium investr | nent that v | viii be acce | pted from | any individ | luai / | | | ••••••• | ⊅ | | |
| 3. | Does th | e offering | permit join | t ownershi | ip of a sing | gle unit? | | | | | ••••• | Yes ⊠ | No □ | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any | | | | | | | | | | | | | |
| commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | | | |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | | | | | | | |
| Bus | siness or | Residence | Address (N | lumber and | d Street, C | ity, State, Z | Zip Code) | | | | | | | |
| Naı | me of As | sociated Br | oker or De | aler | | | | | | | | | | |
| Sta | tes in Wh | nich Person | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | • | | | | | |
| | (Check | "All States | s" or check | individua | States) | | | | | *************************************** | | ☐ All States | | |
| | AL | AK | AZ | AR | CA | co | CT | DE | DC | FL | GA | HI | ID | |
| | IL | [IN] | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO | |
| | MT | NE | NV | NH | NI | NM | NY | NC | ND | ОН | lok. | OR | [PA] | |
| | RL | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR | |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Bus | siness or | Residence | Address (| Number an | d Street, C | City, State, | Zip Code) | · ii' · iiii · iii · ii | | | | | | |
| Nai | me of As | sociated Br | oker or De | aler | | | | | | | | | | |
| Sta | tes in Wh | nich Person | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | | | | |
| | (Check | "All States | s" or check | individual | States) | | *************************************** | | *************************************** | *************************************** | | ☐ Al | l States | |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID. | |
| | | <u>IN</u> | IA | KS | KY | LA | ME | MD | MA | ML | MN | MS | MO | |
| | MT | NE | NV | NH | NT | NM | NY | NC | ND | ОН | OK | OR | PA | |
| | RI | LSC | SD | TN | LTX | LUT | VT | VA | WA | WY | LWL | WY | PR | |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | | | | | | | |
| Bus | siness or | Residence | Address (| Number an | d Street, C | City, State, 2 | Zip Code) | | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | | | | | | | | |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID | |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO | |
| | MT RI | NE SC | NV SD | NH TN | TX. | NM UT | NY VT | NC VA | ND WA | loн wv | | OR WY | PA PR | |
| | ليعب | ليحقين | 1,1,1,4,1 | للتنت | 44 | للبي | للبائب | للثبت | TITY. | | للتت | للسعت | تعت | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and | | | |
|----|--|-----------------------------|-----------|----------------------|
| | already exchanged. Type of Security | Aggregate Offering Price | Amo | ount Already Sold |
| | ** | _ | • | |
| | Debt | 2.761.317 | \$ | 722 704 |
| | | | \$ 2, | 733,704 |
| | ☑ Common ☐ Preferred | | _ | |
| | Convertible Securities (including warrants) | | | |
| | Partnership Interests | | | |
| | Other (Specify) | 2 761 317 | \$ | 733 704 |
| | Total | 2,761,317 | \$ | 733,704 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | 4 | Aggregate |
| | | Number | Dol | lar Amount |
| | | Investors 7 | | Purchases |
| | Accredited Investors | · | Ψ | ,085,482 648,222 |
| | Non-accredited Investors | | \$ | 040,222 |
| | Total (for filings under Rule 504 only) | | \$ | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | T | D. | 11 4 |
| | Type of Offering | Type of Security | Do | llar Amount Sold |
| | Rule 505 | • | \$ | |
| | Regulation A | | | |
| | Rule 504 | | | |
| | Total | | | |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | <u> </u> | |
| | Transfer Agent's Fees | | \$ | 0 |
| | | | | 0 |
| | Printing and Engraving Costs | | \$ | 0 |
| | Legal Fees | | \$ | 0 |
| | Accounting Fees | _ | \$ | 0 |
| | Engineering Fees | - | \$ | 0 |
| | Sales Commissions (specify finders' fees separately) | | \$ | 0 |
| | Other Expenses (identify) | | \$ | |
| | Total | | \$ | 0 |

| | C. OFFERING PRICE, NUMB | BER OF INVESTORS, EXPENSES AND USE OF | PROCEEDS | |
|---|---|--|--|---|
| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer." | | | \$ |
| 5. | Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | \$ | \$ |
| | Purchase of real estate | | <u> </u> | |
| | Purchase, rental or leasing and installation of mac | hinery | | |
| | and equipment | | _ | _ |
| | Construction or leasing of plant buildings and fac- | ilities | <u></u> \$ | |
| | Acquisition of other businesses (including the val- offering that may be used in exchange for the asset | ets or securities of another | | |
| | issuer pursuant to a merger) | | _ | _ |
| | Repayment of indebtedness | | \$ | . 🗆 \$ |
| | Working capital | | | $X^{2, 761, 31}$ |
| | Other (specify): | | \$ | |
| | | | | |
| | | | \$ | |
| | Column Totals | | | |
| | Total Payments Listed (column totals added) | . ∑ \$ <u>2,761,317</u> | | |
| | | D. FEDERAL SIGNATURE | | |
| ig | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc | nish to the U.S. Securities and Exchange Commis | ssion, upon writte | |
| ssuer (Print or Type) Knowledge Mosaic Inc. | | | Date 3/11/2009 | 9 |
| ۱a | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | gagan agamangan ang mananan ang manana Manananan ang mananan ang |
| | Peter Schwartz | President | | |
| | | | | |

END

ATTENTION